KIDS' INPATIENT DATABASE
CODEBOOK

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FILE COMPOSITION BY STATE

The following section lists all states participating in the KID and provides details about sources of the data, inclusion of hospital stays in special units, exclusion of ambulatory surgery records, and special precautions required by some states for maintaining confidentiality.

ARIZONA

The HCUP Arizona files were constructed from the Arizona Hospital Inpatient Database from the Cost Reporting and Review Section of the Arizona Department of Health Services. Arizona supplied discharge abstract data for inpatient stays in acute care and rehabilitation hospitals with more than 50 beds.

Inclusion of Stays in Special Units. The source documentation supplied by Arizona does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

CALIFORNIA

The HCUP California files were constructed from the confidential files received from the Office of Statewide Health Planning and Development (OSHPD). California supplied discharge abstract data for inpatient stays in general acute care hospitals, acute psychiatric hospitals, chemical dependency recovery hospitals, psychiatric health facilities, and state-operated hospitals. California excluded inpatient stays that, after processing by OSHPD, did not contain a complete and "in-range" admission date or discharge date. California also excluded inpatient stays that had an unknown or missing date of birth.

Inclusion of Stays in Special Units. Included with the general acute care stays in community hospitals are stays in skilled nursing, intermediate care, rehabilitation, alcohol/chemical dependency treatment, and psychiatric units.

COLORADO

The HCUP Colorado files were constructed from the Discharge Data Program (DDP) files. The Colorado Health and Hospital Association supplied discharge abstract data from Colorado acute care hospitals, including swing beds and distinct part units.

Inclusion of Stays in Special Units. The Colorado Health and Hospital Association does not require hospitals to submit information from their SNFs and ICFs, but no attempt has been made to verify their exclusion.

CONNECTICUT

The HCUP Connecticut files were constructed from files from the Connecticut Health Information Management and Exchange (CHIME), an affiliate of the Connecticut Hospital Association. The files consist of discharge abstract data for inpatient and same-day surgical stays in Connecticut acute care hospitals.

Exclusion of Records. The following records were excluded from the HCUP Connecticut data:

- Ambulatory surgery records (records with Patient Type = "A", same-day surgical) were excluded from the HCUP inpatient database.
- Beginning in 1997, discharges with a disposition indicating “patient was admitted as an inpatient to this hospital” were excluded from the HCUP inpatient database. This disposition was not used prior to 1997 and no exclusion was necessary for those years.

Inclusion of Stays in Special Units. Stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

FLORIDA

The HCUP Florida files were constructed from the Florida Hospital Discharge Data Confidential Information received from the Florida Agency for Health Care Administration. The Florida confidential files consist of discharge abstract data from non-federal Florida hospitals.

Inclusion of Stays in Special Units. Inpatient stays in special units (e.g., psychiatric, rehabilitation, long-term care) may be included in the HCUP Florida inpatient data. Florida instructs hospitals to submit records only for stays in acute facilities and to exclude records from special units, but according to Florida AHCA, not all hospitals follow these instructions.

GEORGIA

The HCUP Georgia files were constructed from inpatient files received from GHA - An Association of Hospitals and Health Systems. Inpatient discharge data was provided for hospitals that are a member of GHA.

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Georgia data.

Inclusion of Stays in Special Units. The documentation supplied by Georgia does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

HAWAII

The HCUP Hawaii files were constructed from inpatient files received from the Hawaii Health Information Corporation (HHIC). Inpatient discharge data was provided for hospitals that are a member of HHIC.

Exclusion of Records. Records with a discharge disposition of "still a patient" and “admitted as an inpatient to this hospital” were excluded from the HCUP Hawaii data.

Inclusion of Stays in Special Units. The documentation supplied by Hawaii does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

ILLINOIS

The HCUP Illinois files were constructed from the Illinois confidential files received from the Illinois Health Care Cost Containment Council (IHCCCC). The Illinois confidential files consist of uniform bills for inpatient stays from Illinois general acute care and specialty hospitals. Illinois hospitals are required to report 100 percent of discharge records for inpatient stays of at least 24 hours. The IHCCCC reports better than 98 percent compliance with this mandate. If an adjunct skilled nursing facility or nursing home is operated at the same site, these records are not included in the submission to the IHCCCC.

Illinois excludes records with inconsistent data that have not been corrected and records with missing data in IHCCCC-defined required fields from the Illinois source inpatient data.

Inclusion of Stays in Special Units. Stays in skilled nursing facilities or nursing homes attached to a hospital are excluded by Illinois. Stays in other special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the inpatient discharge data. Stays in specialty hospitals (e.g., children's hospitals, rehabilitation hospitals, etc.) are included in the HCUP Illinois data.

IOWA

The HCUP Iowa files were constructed from the Association of Iowa Hospitals and Health Systems Statewide Database. Iowa supplied discharge abstract data and some uniform bills for acute inpatient discharges from member hospitals.

Inclusion of Stays in Special Units. The documentation supplied by the data source indicates that the data include stays in acute exempt units, but exclude stays in swing bed and long-term care units.

KANSAS

The HCUP Kansas files were constructed from the Kansas Hospital Association inpatient discharge files. These data include inpatient discharge data from general acute care hospitals that are a member of the Kansas Hospital Association.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that hospitals are not required to report non-acute discharges, including those from long term care

units and facilities. The documentation does not specify whether these discharges and discharges from other special units within a hospital (e.g., psychiatric, rehabilitation, etc.) are excluded from the supplied data.

MARYLAND

The HCUP Maryland files were constructed from the confidential files received from the State of Maryland's Health Services Cost Review Commission (HSCRC). Demographic and utilization data for inpatient stays in Maryland acute care hospitals were supplied by HSCRC in the Uniform Hospital Discharge Abstract Data Set.

Inclusion of Stays in Special Units. The documentation provided by the data source does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

MASSACHUSETTS

The HCUP Massachusetts files were constructed from the Massachusetts confidential Case Mix Database files received from the Massachusetts Division of Health Care Finance and Policy. Massachusetts supplied discharge abstract data for inpatient stays from general acute care hospitals in Massachusetts.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that inclusion of discharges from special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) varies by hospital.

MISSOURI

The HCUP Missouri files were constructed from the Hospital Industry Data Institute (HIDI) inpatient stay files. Missouri supplied discharge abstract data for inpatient stays from Missouri general acute care and specialty hospitals (e.g., children's hospitals, rehabilitation hospitals, and cancer hospitals).

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Missouri data.

Inclusion of Stays in Special Units. Missouri supplied discharges from special units within hospitals including psychiatric, rehabilitation, skilled nursing, intermediate care, other long-term care, swing-bed, hospice, and other unspecified inpatient units. Records for these different types of care cannot be identified from data elements included in the HCUP Missouri data.

NEW JERSEY

The HCUP New Jersey files were received from the New Jersey Department of Health and Senior Services. The New Jersey files consist of discharge abstract data for all inpatient and same-day

stays. New Jersey supplied discharge abstract data for inpatient stays from general acute care hospitals.

Inclusion of Stays in Special Units. The documentation provided by the data source does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included.

Exclusion of Ambulatory Surgery Records. New Jersey supplied a mixture of inpatient and ambulatory surgery records, which were not distinguished by a record type indicator. Ambulatory surgery records were excluded from the HCUP inpatient database based on a definition supplied by New Jersey. The definition of ambulatory surgery records supplied by New Jersey is:

- Same-day stay (LOS = 0),
- Non-zero charges to operating room or same-day surgery, and
- Discharged to home (DISP = 1).

NEW YORK

The HCUP New York files were constructed from the New York State Department of Health's Statewide Planning and Research Cooperative System (SPARCS) Master File. The New York files contain inpatient discharges from acute care hospitals in the state, excluding long-term care units of short-term hospitals and Federal hospitals.

Exclusion of Records. The following New York records were excluded from the HCUP inpatient database:

- For all years, interim records for patients who had not been discharged.
- Beginning in 1994, records with a discharge disposition of "still a patient."

Inclusion of Stays in Special Units. The documentation supplied by the data source indicates that the data include stays in detoxification (alcohol and drug abuse), alcohol rehabilitation, mental retardation, mental rehabilitation, rehabilitation, alternate level of care, and psychiatric (acute and long term) units within community hospitals. Records for these different types of care cannot be identified from the data elements available in the HCUP New York inpatient data.

OREGON

Beginning in 1996, HCUP Oregon files were constructed from discharge files supplied by the Oregon Association of Hospitals and Health Systems. The Oregon files consist of discharge abstract data for inpatient stays from member hospitals. Beginning in 1995, discharges from Veteran's Administrations facilities are not reported by the source.

Exclusion of Records. Beginning in 1995, the source reports the discharge disposition of "still a patient." These records were excluded from the HCUP Oregon data.

Inclusion of Stays in Special Units. Stays in special units within Oregon hospitals (e.g., psychiatric, rehabilitation, long-term care) are included in the source data and therefore in the HCUP inpatient database.

PENNSYLVANIA

The HCUP Pennsylvania files were constructed from the Pennsylvania Health Care Cost Containment Council files. Pennsylvania supplied uniform bills from general acute care, state psychiatric, and rehabilitation facilities and from children's and specialty hospitals.

Exclusion of Records. Records with a discharge disposition of "still a patient" were excluded from the HCUP Pennsylvania data.

Inclusion of Stays in Special Units. Pennsylvania supplied discharges from psychiatric, drug and alcohol, and rehabilitation units of general acute care hospitals. Records for these different types of care cannot be identified from data elements included in the HCUP Pennsylvania data.

SOUTH CAROLINA

The HCUP South Carolina files were constructed from confidential data files supplied by the South Carolina State Budget and Control Board. The data include inpatient stays from South Carolina acute care hospitals.

Exclusion of Records. The following records were excluded from the HCUP South Carolina data:

- Beginning in 1994, discharges with disposition of "still a patient" were excluded from the HCUP inpatient database. This disposition was not used in 1993 and no exclusion was necessary for that year.

- Beginning in 1996, discharges with a disposition indicating “patient was admitted as an inpatient to this hospital” were excluded from the HCUP inpatient database. This disposition was not used prior to 1997, and no exclusion was necessary for those years.

Inclusion of Stays in Special Units. The documentation supplied by South Carolina indicates that stays in long term care units and facilities were excluded by South Carolina from the supplied data.

TENNESSEE

The HCUP Tennessee files were constructed from the inpatient files received from THA - An Association of Hospitals and Health Systems. These data include inpatient discharge data from Tennessee general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) that are members of THA.

Exclusion of Records. The following records were excluded from the HCUP Tennessee data:

- Records with a discharge disposition of "still a patient."

- Continuation records that only contained information on additional detailed charges.
- Beginning in 1996, discharges with a disposition indicating “patient was admitted as an inpatient to this hospital” were excluded from the HCUP inpatient database.

Inclusion of Stays in Special Units. The documentation supplied by Tennessee indicates that stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

UTAH

The HCUP Utah files were constructed from inpatient files received from Office of Health Data Analysis, Utah Department of Health. These data include inpatient discharge data from Utah general acute care and some specialty facilities (e.g., children's hospitals, rehabilitation hospitals, state psychiatric facilities, etc.) associated with acute care hospitals.

Inclusion of Stays in Special Units. The documentation supplied by Utah does not indicate whether stays in special units within the hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the file.

WASHINGTON

The HCUP Washington files were constructed from the Washington Comprehensive Hospital Abstract Reporting System (CHARS) data received from the Washington State Department of Health. Washington supplied uniform bills for inpatient stays from all acute care units, alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, group health units, and swing bed units.

Inclusion of Stays in Special Units. The documentation provided by the data source indicates that stays in special units within a hospital are included in the data, such as alcohol dependency units, bone marrow transplant units, extended care units, psychiatric units, rehabilitation units, and swing bed units.

WISCONSIN

The HCUP Wisconsin files were constructed from confidential files received from the Bureau of Health Information, Wisconsin Department of Health and Family Services. Wisconsin supplied discharge data abstract and uniform bills for non-federal Wisconsin hospitals.

Inclusion of Stays in Special Units. The documentation supplied by the data source does not indicate whether stays in special units within a hospital (e.g., psychiatric, rehabilitation, long-term care) are included in the data.

VARIABLES

This section of the codebook describes all variables in the HCUP Kids' Nationwide Inpatient Database (KID). Variable-specific sections include the following descriptive items:

- Variable name,
- Variable label,
- Value table,
- Explanation of the conversion of missing values in EBCDIC/ASCII files, and
- Description of the HCUP uniform coding of the variable.

The variable notes are cumulative from 1988-1997 HCUP data.

ADAYWK Admission day of week

Variable	Description	Value	Value Description
ADAYWK	Admission day of week	1 2 3 4 5 6 7 . .A	Sunday Monday Tuesday Wednesday Thursday Friday Saturday Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Admission day of the week (ADAYWK) is calculated from the admission date (ADATE). If ADAYWK cannot be calculated (ADATE is missing or invalid), then:

- ADAYWK is set to the supplied admission day of the week, if available.
- ADAYWK is missing (.) if the supplied admission day of week is missing.
- ADAYWK is missing (.) if the data source does not supply either admission date (ADATE) or admission day of the week.

If ADAYWK is out of range (ADAYWK NE 1-7) or non-numeric, it is set to invalid (.A).

AGE Age in years at admission

Variable	Description	Value	Value Description
AGE	Age in years at admission	0-124 . .A .C	Age in Years Missing Invalid Inconsistent: ED021, ED3nn, ED4nn, ED5nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Age in years (AGE) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGE is set to the supplied age if the age cannot be calculated (ADATE and/or DOB is missing or invalid).

  Note: If the supplied age is the age at discharge instead of the age at admission, then the supplied age is NOT used.

- AGE is missing (.) if the age cannot be calculated and the supplied age is missing.

- AGE is invalid (.A) if

  - it is out of range (AGE NE 0-124) or
  - the age cannot be calculated and the supplied age is non-numeric.

- AGE is inconsistent (.C) if AGE is inconsistent with AGEDAY (ED021), neonatal diagnoses (ED301-ED3nn), maternal diagnoses (ED401-ED4nn), or maternal procedures (ED501-ED5nn).

- AGE is missing (.) if the data source does not supply either
  - **S** admission date (ADATE) and date of birth (DOB), or
  - **S** age in years at admission.

An invalid/inconsistent calculated AGE is not replaced by the supplied age.

AGEDAY Age in days (when < 1 year)

Variable	Description	Value	Value Description
AGEDAY	Age in days (when < 1 year)	0-364 . .A .C	Days Missing Invalid Inconsistent: ED021, ED3nn, ED4nn, ED5nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Age in days (AGEDAY) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGEDAY is set to the supplied age in days if the age cannot be calculated (ADATE and/or DOB is missing or invalid).

- AGEDAY is missing (.) if the age cannot be calculated and the supplied age in days is missing.

- AGEDAY is invalid (.A) if

    - it is out of range (AGEDAY NE 0-364) or
    - the age in days cannot be calculated and the supplied age in days is non-numeric.

- AGEDAY is inconsistent (.C) if AGEDAY in inconsistent with AGE (ED021), neonatal diagnoses (ED301-ED3nn), maternal diagnoses (ED401-ED4nn), or maternal procedures (ED501-ED5nn).

- AGEDAY is missing (.) if the data source does not supply either
    - admission date (ADATE) and date of birth (DOB), or
    - age in days at admission.

An invalid/inconsistent calculated AGEDAY is not replaced by the supplied age in days.

AGEMONTH Age in months (when < 11 years)

Variable	Description	Value	Value Description
AGEMONTH	Age in months (when < 11 years)	0-131 .	Months Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Age in months (AGEMONTH) is calculated from the birth date (DOB) and the admission date (ADATE) with the following exceptions:

- AGEMONTH is missing (.) if the age in years is greater than 10.

- AGEMONTH is missing (.) if the data source does not supply either admission date (ADATE) or date of birth (DOB)

Standard HCUP coding sets the age of a patient (AGE) to 1 year if the patient is 365 days old. This caused a few cases for which the calculated age in months was 11, but AGE was 1. AGEMONTH was set to 12 in these cases.

AMONTH Admission month

Variable	Description	Value	Value Description
AMONTH	Admission month	1-12 . .A	Admit Month Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Admission month (AMONTH) is derived from either the month of the admission date or the supplied admission month. A valid nonmissing month is assigned to AMONTH even if the admission year or day is invalid or missing. Therefore, it is possible to have a valid AMONTH when the admission date is invalid or missing.

If AMONTH is non-numeric or out-of-range (month NE 1-12), then AMONTH is invalid (.A).

If a data source does not supply admission month, then AMONTH is missing (.).

ASOURCE Admission source

Variable	Description	Value	Value Description
ASOURCE	Admission Source	1 2 3 4 5 . .A	Emergency Dept Another Hospital Other Health Facility Inc LTC Court/Law Enforcement Routine, Birth and Other Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

ASOURCE indicates the source of the admission (emergency department; transfer from a hospital; routine, birth and other; etc.). Routine, birth, and other (ASOURCE=5) includes births and referrals from physicians, clinics, and HMOs. Transfer from a hospital may include transfers within the same hospital as well as transfers between hospitals.

ATYPE Admission type

Variable	Description	Value	Value Description
ATYPE	Admission type	1 2 3 4 5 6 . .A	Emergency Urgent Elective Newborn Delivery Other Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

ATYPE indicates the type of admission (emergency, urgent, elective, etc.). Newborn and delivery admission types are separated only if that information is available from the data source. No edit check comparing the admission type to diagnosis or procedure codes is performed.

CHLDWT_U Weight to pediatric non-births in universe

Variable	Description	Value	Value Description
CHLDWT_U	Weight to pediatric non-births in universe	nn.nnnn	Weight to pediatric non-births in universe

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

CHLDWT_U contains the weight to the pediatric non-births in the universe of community hospitals. This weight has already been merged onto the KID Inpatient Core File by record type and stratum as DISCWT_U. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

CMPBWT_U Weight to complicated births in universe

Variable	Description	Value	Value Description
CMPBWT_U	Weight to complicated births in universe	nn.nnnn	Weight to complicated births in universe

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

CMPBWT_U contains the weight to the complicated in-hospital births in the universe of community hospitals. This weight has already been merged onto the KID Inpatient Core File by record type and stratum as DISCWT_U. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

DCCHPR1 CCHPR: Principal diagnosis classification

Variable	Description	Value	Value Description
DCCHPR1	Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR): Principal Diagnosis	1 - 260 . .A	CCS Diagnosis Classification No Diagnosis code Invalid Diagnosis code

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Clinical Classifications Software (CCS), formerly known as Clinical Classification for Health Policy Research (CCHPR), consists of 260 diagnosis categories. This system is based on ICD-9-CM codes that are valid for 1988 through 1997. All diagnosis codes are classified. All E-codes (External Causes of Injury and Poisoning) are combined into the last category, 260.

DCCHPR1 is coded as follows:

- DCCHPR1 ranges from 1 to 260 if the diagnosis code (DX1) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.

- DCCHPR1 is set to invalid (.A), if the diagnosis code (DX1) is invalid (DXV1 = 1).

- DCCHPR1 is missing (.), if there is no diagnosis code (DXn = " ").

DCCHPR1 is retained (values 1-260) when a valid diagnosis is flagged as inconsistent with age or sex (DXVn = .C). For best results, use DCCHPR1 only when the diagnosis is valid and consistent (DXV1 = 0).

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in KID Tools.

Formats

Formats to label CCS, formerly known as CCHPR, categories are documented in KID Tools. Both sixteen- and forty-character labels are available.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also documented in KID Tools.

DIED Died during hospitalization

Variable	Description	Value	Value Description
DIED	Died during hospitalization	0 1 . .A	Did not die Died Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This variable is coded from disposition of patient (DISP).

- If DISP indicates that a patient was discharged alive (values 1-7), then DIED is coded as 0.

- If DISP indicates that a patient died in the hospital (value 20), then DIED is coded as 1.

- If DISP is missing (.) or invalid (.A), then DIED is also missing (.) or invalid (.A).

DISCWT_U Weight to discharges in universe

Variable	Description	Value	Value Description
DISCWT_U	Weight to discharges in universe	nn.nnnn	Weight to discharges in universe

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

DISCWT_U contains the weight to the discharges in the universe of community hospitals. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

Calculation. Using only sampled records (CNSAMPLE = 1), DISCWT_U was calculated by stratum (STRATUM) and record type. There were three different record types:

- Uncomplicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 1),
- Complicated in-hospital births (HOSPBRTH = 1 and UNCBRTH = 0), and
- All other pediatric cases (HOSPBRTH = 0).

For detailed information about the development and use of the discharge weights, see the Technical Supplement on *Kids' Inpatient Database (KID) Design Report*.

DISP Disposition of patient

Variable	Description	Value	Value Description
DISP	Disposition of patient	1	Routine
		2	Short-term Hospital
		3	Skilled Nursing Facility (SNF)
		4	Intermediate Care Facility (ICF)
		5	Another Type of Facility
		6	Home Health Care (HHC)
		7	Against Medical Advice (AMA)
		20	Died
		.	Missing
		.A	Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

DISP indicates the disposition of the patient at discharge (routine, transfer to another hospital, died, etc.).

The distinction between discharged to a skilled nursing facility (DISP = 3) and intermediate care facility (DISP = 4) may be defined differently for different data sources.

DQTR Discharge quarter

Variable	Description	Value	Value Description
DQTR	Discharge quarter	1 2 3 4 0	First Quarter (Jan - Mar) Second Quarter (Apr - Jun) Third Quarter (Jul - Sep) Fourth Quarter (Oct - Dec) Missing or Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Discharge quarter (DQTR) is derived from either the month of the discharge date or the supplied discharge quarter. If both of those fields are invalid or missing, DQTR is set to zero. For these cases, a temporary discharge quarter = 3 was used for the DRG grouper and ICD-9-CM verification routines because these algorithms require a valid discharge quarter.

DRG DRG in effect on discharge date

Variable	Description	Value	Value Description
DRG	DRG in use on discharge date	nnn	DRG

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This is the Diagnosis Related Group (DRG) appropriate for the date of discharge assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in 1996, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

From 1988 - 1995, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.

- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a six-month window (three months before and three months after)around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for assigning the DRG; and

- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis (DXV1=0), but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is

considered valid by HCUP standards (DXV1=0) because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth DRG version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Starting in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial variable in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.

- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

The Need for a Valid Discharge Date

The DRG grouper needs a valid discharge date because DRG versions change at specific points in time. If the discharge date was invalid or not available from a data source, a temporary discharge date (for use only by the DRG grouper) was created based on the discharge quarter and year according to the following rules:

- Discharge year (YEAR) is always nonmissing.

- Discharge quarter (DQTR) ranges from zero to 4, where zero indicates that the quarter was missing or invalid.

Discharge Quarter (DQTR)	Temporary Date (MM/DD/YY) passed to DRG Grouper
1	01/01/YY
2	04/01/YY
3	07/01/YY
4	10/01/YY
0	07/01/YY

Labels

Labels for the DRGs are provided as an ASCII file in KID Tools.

DRG10 DRG, Version 10

Variable	Description	Value	Value Description
DRG10	DRG, Version 10	nnn	DRG

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This is the Version 10 Diagnosis Related Group assigned by the HCFA DRG Grouper algorithm during HCUP processing.

Diagnosis and Procedures Used for DRG Assignment

Beginning in 1996, the DRG grouper can handle a maximum of 50 diagnosis and 50 procedure codes. Only diagnoses and procedure that are valid on the date of discharge are used by the grouper for DRG assignment.

From 1988 - 1995, the DRG grouper cannot handle more than 15 diagnoses and 15 procedures. Therefore, the following rules were used when more than 15 diagnoses or 15 procedures were available:

- the principal diagnosis/procedure (regardless of validity) is retained in DX1/PR1. No secondaries are shifted into the principal position.

- the first 14 valid (by HCUP standards) additional diagnosis or procedure codes are passed to the HCFA DRG grouper and 3M Mapper software.

Logically Mapping ICD-9-CM Codes for DRG Version 10

The diagnoses or procedures selected by the above rules are first passed to the 3M Mapper software so that each ICD-9-CM code can be logically translated into codes in effect during fiscal year 1992, the period associated with DRG Version 10. The translated codes are then passed to the DRG Version 10 HCFA Grouper software. Caution: The 3M Mapper can translate only those codes with a discharge date occurring after September 30, 1988. Therefore, codes which changed definition on October 1, 1988 may not be properly handled.

Different Definitions of Diagnosis and Procedure Validity

HCUP validation of diagnosis and procedure codes allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes. The DRG Grouper rules differ in two ways:

- diagnosis and procedure codes must be valid on the date of discharge to be used for

assigning the DRG; and

- some valid diagnoses (E-codes) are ruled by the DRG Grouper to be invalid if entered as a principal diagnosis.

This inconsistency between the definition of a valid diagnosis or procedure is obvious when a discharge has a valid principal diagnosis (DXV1=0), but the assigned DRG is 470 "Ungroupable." Consider a discharge with DX1="V300" on October 1, 1989. The diagnosis code "V300" is considered valid by HCUP standards (DXV1=0) because until September 30, 1989 "V300" is a valid ICD-9-CM code. The DRG Grouper does not recognize the "V300" code on October 1, 1989 and therefore groups the record to "Ungroupable," DRG=470 and MDC=0.

Changes in DRG Grouper Logic

Until the eighth version (before October 1, 1990), the first step in the determination of the DRG had been the assignment of the appropriate MDC based on the principal diagnosis. Starting in October 1990, there are two types of exceptions:

- The principal diagnosis is not the initial variable in DRG assignment when the initial step in DRG assignment is based on a procedure. If a patient has a liver transplant (DRG 480), a bone marrow transplant (DRG 481) or tracheostomy (DRG 482 and 483), then the patient is assigned to these DRGs independent of the MDC assigned from the principal diagnosis.

- Assignment to MDC 24 (multiple trauma) and MDC 25 (patients with HIV infection) is based on BOTH principal diagnosis and procedure.

Labels

Labels for the DRGs are provided as an ASCII file in KID Tools.

DXn Diagnosis n

Variable	Description	Value	Value Description
DXn	Diagnosis	annnn blank	Diagnosis Code Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The original value of the principal diagnosis (DX1), whether blank or coded, is retained; secondary diagnoses are never shifted into the principal position during HCUP data processing.

Invalid and inconsistent diagnoses (DXn) are retained on the record. Use the validity flags (DXVn) in connection with any analysis of the diagnoses (DXn).

Diagnoses are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Single Liveborn changed from "V300 " to "V3000" as of October 1, 1989. Under HCUP validation procedures, "V300 " is classified as valid for discharges as late as December 31, 1989, and "V3000" is classified as valid for discharges as early as July 1, 1989.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid diagnosis codes that remain unchanged but are flagged as invalid:

- Garbage "x3yz2"
- Not left-justified " nnnn"
- Intermittent blanks "nn nn"
- Zero filled "00000"

Invalid diagnoses are flagged as follows:

- The value of DXn is unchanged,
- DXVn is set to 1, and
- DCCHPRn is set to invalid (.A).

Diagnoses that are inconsistent with sex coded on the record (ED101-ED1nn) or the patient's age (ED301-ED3nn and ED401-ED4nn) are flagged as follows:

- The value of DXn is unchanged,
- DXVn is set to inconsistent (.C), and
- DCCHPRn is retained (values 1-260).

DXVn Validity flag: Diagnosis n

Variable	Description	Value	Value Description
DXVn	Diagnosis validity flag	0 1 . .C	Valid code Invalid code No diagnosis code Inconsistent: ED1nn, ED3nn, ED4nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

DXVn are validity flags that identify invalid or inconsistent diagnosis in the variables DXn. There is one validity flag for each diagnosis, i.e., DXV1 is the validity flag for DX1.

The following are acceptable values for DXVn:

0 indicates a valid and consistent diagnosis code.

1 indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

. indicates a missing (blank) diagnosis code.

.C indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract.

H_BEDSZ Bedsize of hospital

Variable	Description	Value	Value Description
H_BEDSZ	Bedsize of hospital	1 2 3 .	Small Medium Large Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The hospital's bedsize category is nested within location and teaching status (H_LOCTCH).

Location and	Bedsize		
Teaching Status	Small	Medium	Large
Rural	1-49	50-99	100+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-299	300-499	500+

The hospital's location, teaching status, and bedsize were obtained from the AHA Annual Survey of Hospitals. Teaching hospitals have an AMA-approved residency program or have membership in the Council of Teaching Hospitals. Bedsize assesses the number of short-term acute beds in a hospital.

H_BRTH_F Number of births in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_BRTH_F	Number of births in HCUP frame hospitals in STRATUM	6(n)	Number of births in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_BRTH_F contains the number of births (HOSPBRTH = 1) in HCUP frame hospitals in the STRATUM.

H_CHLD_F Number of pediatric non-births in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_CHLD_F	Number of pediatric non-births in HCUP frame hospitals in STRATUM	6(n)	Number of pediatric non-births in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_CHLD_F contains the number of pediatric non-births (HOSPBRTH = 0) in HCUP frame hospitals in the STRATUM.

H_CMPB_F Number of complicated births in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_CMPB_F	Number of complicated births in HCUP frame hospitals in STRATUM	6(n)	Number of complicated births in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_CMPB_F contains the number of complicated births (HOSPBRTH = 1 and UNCBRTH = 0) in HCUP frame hospitals in the STRATUM.

H_CONTRL Control/ownership of hospital

Variable	Description	Value	Value Description
H_CONTRL	Control/ownership of hospital	1 2 3 .	Government, nonfederal Private, not-profit Private, invest-own Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The hospitals in different ownership/control categories tend to have different missions and different responses to government regulations and policies. The hospital's ownership/control category was obtained from the AHA Annual Survey of Hospitals.

H_DISC_F Number of discharges in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_DISC_F	Number of discharges in HCUP frame hospitals in STRATUM	6(n)	Number of discharges in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_DISC_F contains the number of discharges in HCUP frame hospitals in the STRATUM.

H_HOSP_F Number of hospitals in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_HOSP_F	Number of hospitals in HCUP frame hospitals in STRATUM	nn	Number of hospitals in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_HOSP_F contains the number of HCUP frame hospitals in the STRATUM.

H_LOC Location of hospital

Variable	Description	Value	Value Description
H_LOC	Location of hospital	0 1 .	Rural Urban Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This information was obtained from the AHA Annual Survey of Hospitals. A metropolitan statistical area is considered urban, and a non-metropolitan statistical area is rural.

H_LOCTCH Location/teaching status of hospital

Variable	Description	Value	Value Description
H_LOCTCH	Location/teaching status of hospital	1 2 3 .	Rural Urban nonteaching Urban teaching Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The hospital's location and teaching status were obtained from the AHA Annual Survey of Hospitals. A metropolitan statistical area is considered urban, and a non-metropolitan statistical area is rural. Teaching hospitals have an AMA-approved residency program or have membership in the Council of Teaching Hospitals.

Note that a few hospitals classified as rural are also teaching hospitals.

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H_REGION Hospital census region

Variable	Description	Value	Value Description
H_REGION	Hospital census region	1 2 3 4	Northeast Midwest South West

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This is an important stratifier because practice patterns have been shown to vary substantially by region. For example, lengths of stay tend to be longer in East Coast hospitals than in West Coast hospitals.

The hospital's census region was obtained from the AHA Annual Survey of Hospitals. Census region is defined by the U.S. Census Bureau. The states included in each region are as follows:

- Northest (H_REGION = 1) includes ME, NH, VT, MA, RI, CT, NY, NJ, and PA.
- Midwest (H_REGION = 2) includes OH, IN, IL, MI, WI, MN, IA, MO, ND, SD, NE, and KS.
- South (H_REGION = 3) includes DE, MD, DC, VA, WV, NC, SC, GA, FL, KY, TN, AL, MS, AR, LA, OK, and TX.
- West (H_REGION = 4) includes MT, ID, WY, CO, NM, AZ, UT, NV, WA, OR, CA, AK, and HI.

H_TCH Hospital teaching status

Variable	Description	Value	Value Description
H_TCH	Hospital teaching status	0 1 .	Nonteaching Teaching Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The hospital's teaching status was obtained from the AHA Annual Survey of Hospitals. Teaching hospitals have an AMA-approved residency program or have membership in the Council of Teaching Hospitals.

H_UNCB_F Number of uncomplicated births in HCUP frame hospitals in STRATUM

Variable	Description	Value	Value Description
H_UNCB_F	Number of uncomplicated births in HCUP frame hospitals in STRATUM	6(n)	Number of uncomplicated births in HCUP frame hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

H_UNCB_F contains the number of uncomplicated births (HOSBRTH = 1 and UNCBRTH = 1) in HCUP frame hospitals in the STRATUM.

HOSPBRTH Indicates In-Hospital Birth

Variable	Description	Value	Value Description
HOSPBRTH	Indicates in-hospital birth	0 1	Not an in-hospital birth In-hospital birth

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

HOSPBRTH indicates an in-hospital birth. In-hospital births (HOSPBRTH = 1) are identified by two conditions:

- A principal or secondary diagnosis code in the range of V3000 to V3901 with the last two digits of “00" or “01" and

- The patient is not transferred from another acute care hospital or health care facility (ASOURCE does not equal 2 or 3).

For detailed information about the selection of records, see the Technical Supplement on *Kids' Inpatient Database Design Report*.

HOSPNUM Synthetic hospital number

Variable	Description	Value	Value Description
HOSPNUM	Synthetic hospital number	5(n)	Synthetic hospital number

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

HOSPNUM is a synthetic hospital number assigned by region (Northeast, Midwest, South, and West). Arbitrary assignment protects hospital and state identification.

LOS Length of stay (cleaned)

Variable	Description	Value	Value Description
LOS	Length of stay, cleaned	0 - 32,767 . .A .C	Days Missing Invalid Inconsistent: ED011, ED601, ED911, ED921

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Length of stay (LOS) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained.

LOS is not equal to the calculated value in the following cases:

- LOS is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.

- LOS is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.

- LOS is invalid (.A) if

- it is greater than the maximum allowed during HCUP processing (LOS > 32,767) or
- the length of stay cannot be calculated and the supplied length of stay is non-numeric.

- LOS is inconsistent (.C) if LOS is negative (ED011), unjustifiably longer than 365 days (ED601), or charges per day are unjustifiably low (ED911) or high (ED921).

- LOS is missing (.) if the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay.

An invalid/inconsistent calculated LOS is not replaced by the supplied length of stay.

LOS_X Length of stay (uncleaned)

Variable	Description	Value	Value Description
LOS_X	Length of stay, uncleaned	± 32,767 . .A	Days Missing Invalid (non-numeric)

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Length of stay (LOS_X) is calculated by subtracting the admission date (ADATE) from the discharge date (DDATE). Same-day stays are therefore coded as 0. Leave days are not subtracted. Before edit checks are performed, LOS and LOS_X have the same value. If LOS is set to inconsistent (.C), the value of LOS_X is retained. LOS_X may contain negative or unjustified large values.

LOS_X is not equal to the calculated value in the following cases:

- LOS_X is set to the supplied length of stay if the length of stay cannot be calculated (ADATE and/or DDATE is missing or invalid). Note: If the supplied length of stay codes same-day stays as 1 or subtracts leave days, then the supplied length of stay is NOT used.

- LOS_X is missing (.) if the length of stay cannot be calculated and the supplied length of stay is missing.

- LOS_X is invalid (.A) if

    - it is out-of-range during HCUP processing (LOS_X < -32,767 or LOS > 32,767) or
    - the length of stay cannot be calculated and the supplied length of stay is non-numeric.

- LOS_X is missing (.) if the data source does not supply either admission date (ADATE) and discharge date (DDATE), or length of stay.

An invalid calculated LOS_X is not replaced by the supplied length of stay.

MDC MDC in effect on discharge date

Variable	Description	Value	Value Description
MDC	MDC in use on discharge date	nn	MDC

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

This is the Major Diagnostic Category (MDC) appropriate for the date of discharge.

MDC is assigned by the HCFA DRG grouper during HCUP processing. Refer to the variable notes for DRG for complete details.

Labels for the MDCs are provided as an ASCII file in KID Tools.

MDID_S Attending physician number (synthetic)

Variable	Description	Value	Value Description
MDID_S	Attending physician number (synthetic)	16(a) blank	Synthetic Physician ID Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

MDID_S contains a fixed-key (one-to-one) encryption of the supplied attending physician number (MDID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Unprintable characters in the original value are also retained.
- Leading zeros are encrypted so that the two original physician identifiers "000A0" and "A0" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the physician identifier MDID_S refers to individual physicians or to groups. If the attending physician numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether MDID_S refers to individual physicians or to groups.

N_BRTH_U Number of universe births in STRATUM

Variable	Description	Value	Value Description
N_BRTH_U	Number of universe births in STRATUM	7(n)	Number of universe births in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

N_BRTH_U contains the number of births was obtained from the AHA Annual Survey of Hospitals and summed by STRATUM.

N_DISC_U Number of universe discharges in STRATUM

Variable	Description	Value	Value Description
N_DISC_U	Number of universe discharges in STRATUM	7(n)	Number of universe discharges in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

N_DISC_U contains the number of discharges was obtained from the AHA Annual Survey of Hospitals and summed by STRATUM.

N_HOSP_U Number of universe hospitals in STRATUM

Variable	Description	Value	Value Description
N_HOSP_U	Number of universe hospitals in STRATUM	3(n)	Number of universe hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

N_HOSP_U contains the number of hospitals was obtained from the AHA Annual Survey of Hospitals and summed by STRATUM.

NACHTYPE NACHRI hospital type

Variable	Description	Value	Value Description
NACHTYPE	NACHRI hospital type	0	Not identified as a Children's Hospital by NACHRI
		1	Children's General Hospital
		2	Children's Specialty Hospital
		3	Children's unit in a general hospital

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

NACHTYPE is assigned based on information provided by National Association of Children's Hospitals and Related Institutions (NACHRI). There were 5 instances in which the NACHRI hospital type disagreed with the AHA Annual Survey of Hospitals. AHRQ was consulted about the resolution of the inconsistencies. NACHTYPE contains the corrected hospital type.

There are some hospitals that were not included in the information from NACHRI that are identified by the AHA Annual Survey of Hospitals as children's hospitals. These hospitals will have NACHTYPE = 0 (indicating no information from NACHRI) and STRATUM = 9999 (indicating a children's hospital).

NDX Number of diagnoses on this discharge

Variable	Description	Value	Value Description
NDX	Number of diagnoses for this discharge	0 - 30	Number of diagnoses

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

NDX indicates the total number of diagnoses (valid and invalid) coded on the discharge record. In assigning NDX, the principal diagnosis is included in the count, even if it is blank, so long as there is a secondary diagnosis present (see table below).

Value	Description
0	No diagnoses coded.
1	Only the principal diagnosis (DX1) is coded. All other diagnoses are blank.
2	One secondary diagnosis (DX2) is coded. The principal diagnosis may be coded or blank.
3	The second and third diagnoses (DX2 and DX3) are coded. The principal diagnosis may be coded or blank.
etc.	

A maximum of 15 diagnoses has been retained on a KID inpatient record. States with fewer than 15 diagnoses have had the diagnosis vector padded with blank values. For example, if a state supplied 5 diagnoses, DX6 through DX15 are blank (" ") on all records from that state.

Several states supplied more than 15 diagnoses, including the principal diagnosis. If an inpatient record had more than 15 non-missing diagnoses, diagnoses in positions 16 through 30 were not included in the KID file. If NDX is greater than 15, secondary diagnoses have been truncated from the record.

Since NDX can be greater than the number of diagnoses available on the inpatient record, caution needs to be taken when using NDX to loop through the diagnoses. A counter for the loop should not extend past 15. Code such as the following is needed to take this into account:

```
DO I = 1 to MIN(15,NDX);

Followed by code to process all diagnoses.

END;
```

NEOMAT Neonatal and/or maternal DX and/or PR

Variable	Description	Value	Value Description
NEOMAT	Neonatal/maternal discharge	0 1 2 3	No neonatal or maternal Maternal record Neonatal record Neonatal & maternal, same record

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

NEOMAT identifies discharges with neonatal and/or maternal diagnoses and procedures.

NPR Number of procedures on this discharge

Variable	Description	Value	Value Description
NPR	Number of procedures for this discharge	0 - 30	Number of procedures

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

NPR indicates the total number of procedures (valid and invalid) coded on the discharge record. In assigning NPR, the principal procedure is included in the count, even if it is blank, so long as there is a secondary procedure present (see table below).

Value	Description
0	No procedures coded.
1	Only the principal procedure (PR1) is coded. All other procedures are blank.
2	One secondary procedure (PR2) is coded. The principal procedure may be coded or blank.
3	The second and third procedures (PR2 and PR3) are coded. The principal procedure may be coded or blank.
etc.	

A maximum of 15 procedures have been retained on a KID inpatient record. States with fewer than 15 procedures have had the procedure vector padded with blank values. For example, if a state supplied 5 procedures, PR6 through PR15 are blank (" ") on all records from that state.

Several states supplied more than 15 procedures, including the principal procedure. If an inpatient record from these states had more than 15 non-missing procedures, any procedures in positions 16 through 25 were not included in the KID file. If NPR is greater than 15, secondary procedures have been truncated from the record.

Since NPR can be greater than the number of procedures available on the inpatient record, caution needs to be taken when using NPR to loop through the procedures. A counter for the loop should not extend past 15. Code such as the following is needed to take this into account:

```
DO I = 1 to MIN(15,NPR);

Followed by code to process all procedures.

END;
```

PAY1 Primary expected payer, uniform

Variable	Description	Value	Value Description
PAY1	Expected primary payer, uniform	1 2 3 4 5 6 . .A	Medicare Medicaid Private Insurance including HMO Self-pay No Charge Other Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

In general, PAY1 is recoded from PAY1_N (non-uniform expected primary payer) according to the following rules:

PAY1		PAY1_N	
Description	Value	Description	Value
Medicare	1	Medicare	1
Medicaid	2	Medicaid	2
Private Insurance, including HMO	3	Blue Cross, Blue Cross PPO	3
		Commercial, PPO	4
		Alternative delivery systems (HMO, PHP, etc.)	5
Self-pay	4	Self-pay	6
No Charge	5	No Charge	7
Other	6	Title V	8
		Worker's Compensation	9
		CHAMPUS/CHAMPVA	10
		Other Government	11
		Other	12
Missing	(.)	Missing	(.)

PAY1		PAY1_N	
Description	Value	Description	Value
Invalid	(.A)	Invalid	(.A)

PAY1_N Primary expected payer, nonuniform

Variable	Description	Value	Value Description
PAY1_N	Expected primary payer, nonuniform	1	Medicare
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO
		5	Alt. Delivery Sys (HMO,PHP,etc.)
		6	Self-pay
		7	No Charge
		8	Title V
		9	Worker's Compensation
		10	CHAMPUS, CHAMPVA
		11	Other Government
		12	Other
		.	Missing
		.A	Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

PAY1_N (where _N indicates non-uniform) preserves much of the original payer detail from the various data sources. However, some categories of PAY1_N are not available from some sources because not all sources had the same level of detail available.

PAY2 Secondary expected payer, uniform

Variable	Description	Value	Value Description
PAY2	Expected Secondary payer, uniform	1 2 3 4 5 6 . .A .C	Medicare Medicaid Private Insurance including HMO Self-pay No Charge Other Missing Invalid Inconsistent: ED951, ED952

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

In general, PAY2 is recoded from PAY2_N (non-uniform expected secondary payer) according to the following rules:

PAY2		PAY2_N	
Description	Value	Description	Value
Medicare	1	Medicare	1
Medicaid	2	Medicaid	2
Private Insurance, including HMO	3	Blue Cross, Blue Cross PPO	3
		Commercial, PPO	4
		Alternative delivery systems (HMO, PHP, etc.)	5
Self-pay	4	Self-pay	6
No Charge	5	No Charge	7
Other	6	Title V	8
		Worker's Compensation	9
		CHAMPUS/CHAMPVA	10
		Other Government	11
		Other	12
Missing	(.)	Missing	(.)

PAY2		PAY2_N	
Description	Value	Description	Value
Invalid	(.A)	Invalid	(.A)
Inconsistent	(.C)	Inconsistent	(.C)

If the primary pay source and the secondary pay source are the same and the source is one of the following:

- Medicare (ED951)
- Medicaid (ED951)
- CHAMPUS (ED952)
- Worker's Compensation (ED952)
- Title V (ED952),

then PAY2 is set to inconsistent (.C).

PAY2_N Secondary expected payer, nonuniform

Variable	Description	Value	Value Description
PAY2_N	Expected secondary payer, nonuniform	1	Medicare
		2	Medicaid
		3	Blue Cross, Blue Cross PPO
		4	Commercial, PPO
		5	Alt. Delivery Sys (HMO,PHP,etc.)
		6	Self-pay
		7	No Charge
		8	Title V
		9	Worker's Compensation
		10	CHAMPUS, CHAMPVA
		11	Other Government
		12	Other
		.	Missing
		.A	Invalid
		.C	Inconsistent: ED951, ED952

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

PAY2_N (where _N indicates non-uniform) preserves much of the original payer detail from the various data sources. However, some categories of PAY2_N are not available from some sources because not all sources had the same level of detail available.

If the primary pay source and the secondary pay source are the same and the source is one of the following:

- Medicare (ED951)
- Medicaid (ED951)
- CHAMPUS (ED952)
- Worker's Compensation (ED952)
- Title V (ED952),

then PAY2_N is set to inconsistent (.C).

PCCHPR1 CCHPR: Principal procedure classification

Variable	Description	Value	Value Description
PCCHPR1	Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR): Principal Procedure classification	1 - 231 . .A	CCS Procedure Class No Procedure code Invalid Procedure code

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Clinical Classifications Software (CCS), formerly known as Clinical Classifications for Health Policy Research (CCHPR), consists of 231 procedure categories. This system is based on ICD-9-CM codes that are valid for 1988 through 1997. All codes in the procedure section are classified.

PCCHPR1 is coded as follows:

- PCCHPR1 ranges from 1 to 231 if the procedure code (PR1) is valid by the HCUP criteria, which allows a six-month window (three months before and three months after) around the official ICD-9-CM coding changes (usually October 1), for anticipation of or lags in response to official ICD-9-CM coding changes.

- PCCHPR1 is set to invalid (.A), if the procedure code (PR1) is invalid (PRV1 = 1).

- PCCHPR1 is missing (.), if there is no procedure code (PRn = " ").

PCCHPR1 is retained (values 1-231) when a valid procedure is flagged as inconsistent with age or sex (PRV1 = .C). For best results, use PCCHPR1 only when the procedure is valid and consistent (PRV1 = 0).

Labels

Labels for CCS, formerly known as CCHPR, categories are provided as an ASCII file in KID Tools.

Formats

Formats for CCS, formerly known as CCHPR, categories are provided in KID Tools.

A format is also available to map CCS codes into a few broad classes of conditions based on ICD-9-CM chapters. These formats are also provided in KID Tools.

PRn Procedure n

Variable	Description	Value	Value Description
PRn	Procedure	nnnn blank	Procedure code Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The original value of the principal procedure (PR1), whether blank or coded, is retained; secondary procedures are never shifted into the principal position during HCUP data processing.

Invalid and inconsistent procedures (PRn) are retained on the record. Use the validity flags (PRVn) in connection with any analysis of the procedures (PRn).

Procedures are compared to a list of ICD-9-CM codes valid for the discharge date. Anticipation of or lags in response to official ICD-9-CM coding changes are permitted for discharges occurring within six months of (three months before and three months after) the official ICD-9-CM coding changes (usually October 1). For example, the code for Bone Marrow Transplant changed from "410 " to "4100" as of October 1, 1988. Under HCUP validation procedures, "410 " is classified as valid for discharges as late as December 31, 1988, and "4100" is classified as valid for discharges as early as July 1, 1988.

Valid and invalid values are retained; null values are set to blank. The following are examples of invalid procedure codes that remain unchanged but are flagged as invalid:

- Garbage "x3yz"
- Not left-justified " nnn"
- Intermittent blanks "nn n"
- Zero filled "0000"

Invalid procedures are flagged as follows:

- The value of PRn is unchanged,
- PRVn is set to 1, and
- PCCHPRn is set to invalid (.A).

Procedures that are inconsistent with sex coded on the record (ED201-ED2nn) or the patient's age (ED501-ED5nn) are flagged as follows:

- The value of PRn is unchanged,
- PRVn is set to inconsistent (.C), and
- PCCHPRn is retained (values 1-231).

PRDAY1 Number of days from admission to principal procedure

Variable	Description	Value	Value Description
PRDAY1	Day of principal procedure	-4 - -1 0 1 - LOS+1 . .A .C	Days prior to Admission Day of Admission Days after Admission Missing Invalid Inconsistent: ED7nn, ED8nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

The day on which the principal procedure is performed (PRDAY1) is calculated from the procedure date (PRDATE1) and the admission date (ADATE) with the following exceptions:

- PRDAY1 is set to the supplied day of principal procedure if the procedure day cannot be calculated (ADATE and/or PRDATE is missing or invalid). Note: the supplied day of procedure is used only if it distinguishes between a procedure performed on the first day (procedure day = 0) and no procedure day (procedure day is missing).

- PRDAY1 is missing (.) if the procedure day cannot be calculated and the supplied procedure day is missing.

- PRDAY1 is invalid (.A) if the procedure day cannot be calculated and the supplied procedure day is non-numeric.

- PRDAY1 is set to inconsistent (.C) by two edit checks ED701 and ED801. Both are described below.

- PRDAY1 is missing (.) if the data source does not supply either admission date (ADATE) and procedure date (PRDATE1), or day of principal procedure.

<u>Edit Checks</u>

ED701 sets PRDAY1 to inconsistent (.C) if no principal procedure is coded (PR1 = " ") and there is a non-missing day of procedure.

ED801 sets PRDAY1 to inconsistent (.C) if the procedure day occurred outside of stay. PRDAY must be

Lower bound < = PRDAY < = Upper bound.

The LOWER BOUND, which ranges from -4 to 0, allows for preadmission procedures, which are often bundled into the hospital stay for reimbursement, up to four days prior to the hospital admission. A value of -4 is used unless the data source documentation indicates that negative values are invalid. Even then, if a large number of discharges have negative values in the initial data investigations, the accuracy of the data documentation is verified with the data source.

The UPPER BOUND depends on LOS which has been edited only to verify that it is non-negative. (Note: Editing of LOS for other types of questionable values is performed after the upper bound for PRDAY is set. Thus, in some instances PRDAY is validated using an upper bound that is later found to be questionable.)

- If LOS is a valid non-negative value, then the upper bound is LOS + 1.

- Otherwise, the upper bound is the maximum value allowed during HCUP processing (32,767).

Availability of Day of Procedure

Some sources do not require procedure dates/days for minor or diagnostic procedures which are considered UHDDS class 3 and class 4 procedures. The UHDDS system grouped ICD-9-CM procedure codes into four classes differentiated by impact on either the well-being of the patient or on the health care system. The criteria used to classify procedures included procedural risk, anesthetic risk, and the need for highly trained personnel, special facilities or special equipment. The classes are:

- Class 1: Surgical
- Class 2: Significant procedure (date required)
- Class 3: Significant procedure (date not required)
- Class 4: Minor procedures not normally coded on inpatient data.

PRVn Validity Flag: Procedure n

Variable	Description	Value	Value Description
PRVn	Procedure validity flag	0 1 . .C	Valid code Invalid code No proc code Inconsistent: ED2nn, ED5nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

PRVn are validity flags that identify invalid or inconsistent procedures in the variables PRn. There is one validity flag for each procedure, i.e., PRV1 is the validity flag for PR1.

The following are acceptable values for PRVn:

0 indicates a valid and consistent procedure code.

1 indicates an invalid code for the discharge date. A six-month window around the discharge date (three months before and three months after) is allowed for anticipation of or lags in response to official ICD-9-CM coding changes.

. indicates a missing (blank) procedure code.

.C indicates that the code is inconsistent with other data (i.e., age or sex) on the discharge abstract.

RACE Race

Variable	Description	Value	Value Description
RACE	Race	1 2 3 4 5 6 . .A	White Black Hispanic Asian or Pacific Islander Native American Other Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

HCUP coding includes race and ethnicity in one variable (RACE). If the source supplied race and ethnicity in separate variables, ethnicity takes precedence over race in setting the HCUP value for race.

RECNUM Sequential record number

Variable	Description	Value	Value Description
RECNUM	Sequential record number	7(n)	Sequential record number

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

RECNUM is a sequential record number assigned within region (Northeast, Midwest, South, and West).

S_BRTH_U Number of sample births in STRATUM

Variable	Description	Value	Value Description
S_BRTH_U	Number of sample births in STRATUM	6(n)	Number of sample births in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_BRTH_U contains the total number of sampled births (HOSPBRTH = 1) in the STRATUM.

S_CHLD Number of pediatric non-births sampled in the hospital

Variable	Description	Value	Value Description
S_CHLD	Number of pediatric non-births sampled in the hospital	6(n)	Number of pediatric non-births sampled in the hospital

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_CHLD contains the number of pediatric non-births (HOSPBRTH = 0) sampled in the hospital.

S_CHLD_U Number of sample pediatric non-births in STRATUM

Variable	Description	Value	Value Description
S_CHLD_U	Number of sample pediatric non-births in STRATUM	6(n)	Number of sample pediatric non-births in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_CHLD_U contains the total number of sampled pediatric non-births (HOSPBRTH = 0) in the STRATUM.

S_CMPB Number of complicated births sampled in the hospital

Variable	Description	Value	Value Description
S_CMPB	Number of complicated births sampled in the hospital	6(n)	Number of complicated births sampled in the hospital

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_CMPB contains the number of complicated births (HOSPBRTH = 1 and UNCBRTH = 0) sampled in the hospital.

S_CMPB_U Number of sample complicated births in STRATUM

Variable	Description	Value	Value Description
S_CMPB_U	Number of sample complicated births in STRATUM	6(n)	Number of sample complicated births in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_CMPB_U contains the total number of sampled complicated births (HOSPBRTH = 1 and UNCBRTH = 0) in the STRATUM.

S_DISC_U Number of sample discharges in STRATUM

Variable	Description	Value	Value Description
S_DISC_U	Number of sample discharges in STRATUM	6(n)	Number of sample discharges in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_DISC_U contains the total number of sampled discharges in the STRATUM.

S_HOSP_U Number of sample hospitals in STRATUM

Variable	Description	Value	Value Description
S_HOSP_U	Number of sample hospitals in STRATUM	nn	Number of sample hospitals in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_HOSP_U contains the total number of sampled hospitals in the STRATUM.

S_UNCB Number of uncomplicated births sampled in the hospital

Variable	Description	Value	Value Description
S_UNCB	Number of uncomplicated births sampled in the hospital	6(n)	Number of uncomplicated births sampled in the hospital

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_UNCB contains the number of uncomplicated births (HOSPBRTH = 1 and UNCBRTH = 1) sampled in the hospital.

S_UNCB_U Number of sample uncomplicated births in STRATUM

Variable	Description	Value	Value Description
S_UNCB_U	Number of sample uncomplicated births in STRATUM	6(n)	Number of sample uncomplicated births in STRATUM

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

S_UNCB_U contains the total number of sampled uncomplicated births (HOSBRTH = 1 and UNCBRTH = 1) in the STRATUM.

SEX Sex

Variable	Description	Value	Value Description
SEX	Sex	1 2 . .A .C	Male Female Missing Invalid Inconsistent: ED1nn, ED2nn

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

All non-male, non-female (e.g., "other") values are set to missing (.).

If SEX is inconsistent with diagnoses (ED101-ED1nn) or procedures (ED201-ED2nn), SEX is set to inconsistent (.C).

STRATUM Stratum used to post-stratify hospital

Variable	Description	Value	Value Description		
STRATUM	Stratum used to post-stratify hospital	nnnn	Digit	Stratum Values	
			1st	Region	1=Northeast 2=Midwest 3=South 4=West
			2nd	Control	1=Government, nonfederal 2=Private, not-for-profit 3=Private, investor-owned
			3rd	Location/ Teaching	1=Rural 2=Urban nonteaching 3=Urban teaching
			4th	Bedsize	1=Small 2=Medium 3=Large
		9999	Children's Hospital		

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

STRATUM is a four-digit stratum identifier used to post-stratify hospitals for the calculation of universe weights.

The hospital's census region, control category, location, teaching status, and bedsize were obtained from the AHA Annual Survey of Hospitals.

- A metropolitan statistical area is considered urban, and a non-metro statistical area is rural.
- Teaching hospitals have an AMA-approved residency program or have membership in the Council of Teaching Hospitals.
- Bedsize assesses the number of short-term acute beds in a hospital.

The hospital's bedsize category is nested within location and teaching status.

Location and	Bedsize		
Teaching Status	Small	Medium	Large
Rural	1-49	50-99	100+
Urban, nonteaching	1-99	100-199	200+
Urban, teaching	1-299	300-499	500+

Some strata were combined for sampling and weight calculations. Consequently, a given hospital's actual value for a stratifier may differ from those indicated by the value of STRATUM. Each hospital's actual values of stratifiers are contained in separate variables:

Stratifier	Variable
Region	H_REGION
Ownership/Control	H_CONTRL
Location/Teaching	H_LOCTCH
Bedsize	H_BEDSZ

Collapse STRATUM for Small Cell Size. If fewer than two frame hospitals, less than 30 uncomplicated births, less than 30 complicated births, and less than 30 non-birth pediatric discharges were contained in a stratum, then the second digit (control) was set to 2 (Private).

Children's Hospitals. STRATUM was set to 9999 for children's hospitals. The AHA Annual Survey of Hospitals and information from the National Association of Children's Hospitals and Related Institutions (NACHRI) were used to identify children's hospitals. AHRQ was consulted about the resolution of any inconsistencies in the coding of hospital type.

SURGID_S Primary surgeon number (synthetic)

Variable	Description	Value	Value Description
SURGID_S	Primary surgeon number (synthetic)	16(a) blank	Synthetic Surgeon ID Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

SURGID_S contains a fixed-key (one-to-one) encryption of the supplied surgeon number (SURGID), according to the following rules:

- All alphanumeric digits are used in the encryption.
- All symbols such as ".,:;'*@" are retained in the encrypted value, but not in the same location.
- Unprintable characters in the original value are also retained.
- Leading zeros are encrypted so that the two original physician identifiers "000A0" and "A0" are distinctly different.
- When the original attending physician and primary surgeon identifiers are the same, the synthetic identifiers, MDID_S and SURGID_S, are the same.

Except in those data sources where physician license numbers are supplied, it is not known whether the surgeon identifier SURGID_S refers to individual physicians or to groups. If the surgeon numbers supplied by the data source are not restricted to license numbers, the state-specific note includes available information about reporting practices, including whether SURGID_S refers to individual physicians or to groups.

TOTCHG Total charges (cleaned)

Variable	Description	Value	Value Description
TOTCHG	Total charges, cleaned	10(n) . .A .C	Total Charge Missing Invalid Inconsistent: ED911, ED921

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

TOTCHG contains the total charge supplied by a data source with the following exceptions:

- Values are rounded to the nearest dollar;
- Zero charges are set to missing (.);
- Negative charges are set to invalid (.A); and
- If charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C).

Total charges do not include professional fees and non-covered charges unless noted under the state-specific notes.

In some cases, only copay amounts, such as $10 or $20, may be in the total charges (TOTCHG and TOTCHG_X). There is no documentation as to the prevalence of this practice.

TOTCHG_X Total charges (from data source)

Variable	Description	Value	Value Description
TOTCHG_X	Total charges, as received from data source	± 10(n).nn . .A	Total Charge Missing Invalid

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

TOTCHG_X contains the total charge supplied by a data source, including cents and negative values, if supplied, with the following exceptions:

- Zero charges are set to missing (.); and
- Charges that round to zero are set to missing (.).

If charges per day (TOTCHG/LOS) are unjustifiably low (ED911) or high (ED921), then TOTCHG is set to inconsistent (.C); TOTCHG_X retains the original value submitted by the source.

Total charges do not include professional fees and non-covered charges unless noted under the state-specific notes.

In some cases, only copay amounts, such as $10 or $20, may be in the total charges (TOTCHG and TOTCHG_X). There is no documentation as to the prevalence of this practice.

TOTDSCHG Total hospital discharges

Variable	Description	Value	Value Description
TOTDSCHG	Total hospital discharges	5(n)	Total hospital discharges

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

TOTDSCHG contains the total number of discharges in a hospital for the calendar year.

UNCBRTH Indicates a Normal Uncomplicated In-Hospital Birth

Variable	Description	Value	Value Description
UNCBRTH	Indicates a normal uncomplicated in-hospital birth	0 1	A complicated in-hospital birth A uncomplicated In-hospital birth

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

An uncomplicated in-hospital birth (UNCBRTH = 1) is defined as an in-hospital birth for which the DRG equaled 391 “Normal Newborn.” In-hospital births (HOSPBRTH = 1) are defined by two conditions:

- A principal or secondary diagnosis code in the range of V3000 to V3901 with the last two digits of “00" or “01" and
- The patient is not transferred from another acute care hospital or health care facility (ASOURCE does not equal 2 or 3).

UNCBWT_U Weight to complicated births in universe

Variable	Description	Value	Value Description
UNCBWT_U	Weight to uncomplicated births in universe	nn.nnnn	Weight to uncomplicated births in universe

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

UNCBWT_U contains the weight to the uncomplicated in-hospital births in the universe of community hospitals. This weight has already been merged onto the KID Inpatient Core File by record type and stratum as DISCWT_U. To produce national estimates, use DISCWT_U to weight sampled discharges to the universe of discharges from all community hospitals located in the U.S.

YEAR Calendar year

Variable	Description	Value	Value Description
YEAR	Calendar year	nn	Calendar Year

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

Discharge year is always coded and has the format yy. For example, if the discharge year is 1990, then YEAR = 90.

ZIPINC4 Median income for patient's zip code (4 categories)

Variable	Description	Value	Value Description
ZIPINC4	Median income for patient's zip code	1 2 3 4 .	$0-25,000 $25,001-30,000 $30,001-35,000 $35,001 or more Missing

Note: This documentation presents missing values as SAS missing-value codes and dates as SAS date values. For EBCDIC/ASCII versions of the file, the following translations apply: .C = negative 6-filled, .A = negative 8-filled, . = negative 9-filled, Blank = Blank, and SAS Date = MM/DD/YYYY.

HCUP Uniform Coding:

ZIPINC4 is based on the median household income for the patient's ZIP code.

ZIPINC4 is missing (.) when the patient's ZIP code was missing, invalid in 1990, or outside of the United States.